

Certification Application Form

(Instructions on rear)



For Official Use Only

Received: _____

Check Number: _____

Returned: _____

Received: _____

Approved: _____

ID Number: _____

1. SSN Number: _____

State ID Number : _____

Date of Birth: _____

2. Name: _____

Address: _____

City, State, Zip: _____

County: _____

Telephone: _____

3. Contractor Certifications (Check all that apply).

Application fees are \$75.00 for each certification title.

☐ All Fire Protection Equipment Systems (see instructions, p.2)

☐ Fire Sprinkler System

☐ Special Hazard Fire Suppression System

☐ Fire Alarm System

☐ Portable Fire Extinguisher

☐ Kitchen Fire Suppression System



4. Certification Requirements:

Applications received after January 1, 2004, shall be required to meet the NICET Level II and/or NAFED requirements. Provide a **photo copy** of NICET and/or NAFED certificates with this application. See Certification Requirements N.J.A.C. 5:73-2.3 (d)

4a. Please indicate if you presently hold a Division of Fire Safety fire protection contractor certification.

Yes ☐

No ☐

5. Employer Information:

Please list on a separate sheet of paper all fire protection businesses you are presently affiliated. State name, address, phone number, type work.

6. Do you certify that you are 18 years of age or older, possess good moral character, and have not been convicted of a crime of the first, second or third degree within 10 years prior to the filing of this application?

Yes ☐ No ☐ *If no, attach an explanation.*

7. Personal Information (Optional)

Gender: Male ☐

Race:

Female ☐

Use the codes on the back of this form.

8. Fees:

Application fees are **\$75.00** for each certification title checked in the left column in Section 3. Total the fees and attach a check or money order payable to **“Treasurer State of New Jersey”**. Applications will not be processed unless payment is enclosed.

9. I do hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature

Date

Visit our website
www.state.nj.ud/dca/dfs

07/20/06

CERTIFICATION APPLICATION FORM INSTRUCTIONS

Note: Please type or print clearly on the application form. Certification will not be issued unless documentation is received that you meet certification requirements. A separate application will be required for **each individual** to be certified.

Section

1. Enter your Social Security Number (SSN). The collection of the SSN is voluntary, and is collected under authority of N.J.S.A. 52:27D-25d and Administrative Rule N.J.A.C. 5:3-1.2. Voluntary provision of your SSN will enable the Division of Fire Safety to assign a secondary key for application processing. Provide your state ID number if you already have one with the Division of Fire Safety and date of birth. (Note: if you are a paid or volunteer firefighter in NJ you would most likely have an ID #)
2. Provide your name, home address, county where you reside, and telephone number.
3. Indicate which certifications you are applying to receive and which services you will perform. Checking the All Fire Protection Equipment Systems box requires only one \$75.00 fee. Additional fee examples are: Fire Alarm System and Fire Sprinkler System would require two fees (\$75.00 + \$75.00 = \$150.00).

If you checked the Kitchen Fire Suppression System box in Section 3, provide documentation of authorization from the manufacturer or equivalent training program for each type of system which may be installed, serviced, repaired, inspected or maintenance.

4. Provide **copies** of NAFED (National Association of Fire Equipment Distributors) or NICET (National Institute for Certification in Engineering whichever applies. 4a Indicate if you presently hold a certification with us.
5. Provide the business name, address and phone number of each fire protection contractor that you are currently employed.
6. Answer the question.
7. Provide your gender and indicate your race/national origin which best applies to your ancestral heritage. Providing this information is voluntary.

Codes: 01=American Indian or Alaskan Native
 02=Asian or Pacific Islander
 03=Black, not of Hispanic origin
 04=White, not of Hispanic origin
 05=Hispanic
8. Application fees are **\$75.00** for each certification title checked in the left column in Section 3. Total the fees and attach a check or money order payable to **“Treasurer State of New Jersey”**. Applications will not be processed unless payment is enclosed for all certifications.
9. The application form must be signed and dated. Forward the application form, application fee and supportive documentation to:



Contractor Certification and Emblems Unit
Division of Fire Safety
101 South Broad St
P.O. Box 809
Trenton, NJ 08625-0809

Please call if you wish to overnight application

Visit our website
www.state.nj.us/dca/dfs

Questions regarding Fire Protection Equipment Contractor certification requirements and procedures should be directed to the Division of Fire Safety staff at **(609) 324.3560 or (609) 324.7336** from 8:30 a.m. to 4:30 p.m. Monday through Friday.